U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.	Name, file number, and address of labor organization.
Name MAXINE CARTER	Name United Steelworkers of America, AFL-CIO
	Labor Organization File Number 000–094
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street Five Gateway Center	Street Five Gateway Center
City Pittsburgh	City Pittsburgh
State Pennsylvania ZIP Code + 4 15222-1214	State Pennsylvania ZIP Code + 4 15222-1214
5. Position in labor organization. Assistant to the Presider	nt; Director of Civil Rights Department
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	sions set forth in the instructions):
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	ing documents), has been examined by the signatory and is, to the best of the
Signed Mayine Carter	On 8/11/05 (412) 562-2287 Date Telephone Number
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Name	٥f	Person	Filing
Name	υı	reison	rimiu

Ma xine Carter

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Union Privilege a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any Suite 300 c. Employer Street 1125 15th Street, N.W. Washington ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Provider of consumer benefit programs to Trade Name, if any: union members. P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ZIP Code + 4 State See attached. 12.b. Amount. \$665.23 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

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USWA	Carter, Maxine	Administrative Asst. to the President	c/o USWA, 275 Seventh Avenue	New York	NΥ	=	10001-6708	7	4/24/2004
USWA	Carter, Maxine	Administrative Asst. to the President	c/o USWA, 275 Seventh Avenue	New York	NΥ	10	001-6708	001-6708 04/23-04/27/04	오
USWA	Carter, Maxine	Administrative Asst. to the President	CO LEWA 375 COURT AMORE	New York	NY	100	10001-6708	01-6708 4/13/2004 100.00 Liaison Award	0.000

Name of Person Filing Maxine Carter		File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Household (HCS) c/o Union Privilege Trade Name, if any:	9. Business deals with:	ion
P.O. Box, Bldg., Room No., if any Suite 300 Street 1125 15th Street, N.W. City Washington	b. Trust	
State D.C. ZIP Code + 4 20005 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.
Name Trade Name, if any:		edit card program through e, a provider of consumer ion members.
P.O. Box, Bldg., Room No., if any Street		
City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	Suppliera Auricum of the artist of the artis
	See attached.	
	12.b. Amount.	\$130.66
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

HCSreport		04 130.66	4/25/20	10001-6	NY	New York	c/o USWA, 275 Seventh Avenue	Carter, Maxine Administrative Asst. to the President	Carter, Maxine	USWA
UP REF		REPORT	DATE	TE ZIP	STATE	CITY	ADDRESS	TITLE	UNION OFFICIAL	UNION
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									HCS)	HOUSEHOLD (HCS)

Name of Person Filing Maxine Carter	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Kessler Financial Services c/o Union Privilege Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 300 Street 1125 15th Street, N.W. City Washington State D.C. ZIP Code + 4 20005	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Provider of financial services through Union Privilege, a provider of consumer benefits to union members. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. See attached.
	12.b. Amount. \$73.10
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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